Junior Officer

Advisory Group

A newsletter for junior officers by junior officers



Message from our Chair

JOAG,

By the time you read this newsletter, the 2006-07 operational year will have nearly come to an end. It seems like yesterday that I took over the reigns of Chair and "all good things must come to an end." The opportunity to represent you and this advisory group has been exciting, challenging, and humbling to say the least. Most of all it has been personally rewarding getting to know many more of you, the officers who comprise what I call one of the "best kept secrets" this nation has to offer: The United States Public Health Service.

At the beginning of this JOAG operational year, your executive committee worked behind the scenes (as they have so often this year) to identify a list of objectives and goals and determined the direction JOAG would go during the 2006-07 operational year. (See excerpt page 5) These precepts were developed with the hope of making this year's JOAG a little stronger and even more successful than the year before. A goal that has been realized in every previous year of JOAG in one form or another and I feel confident will continue, especially under the direction of LCDR Aimee Treffiletti, your Chair-elect.

One determinant of an organization's future is the sustained growth of its membership. Using the JOAG list serve as a crude measurement of growth, I am happy to report that our list serve membership has grown by 23% to over 1010 officers. While this growth indicator is promising, this still only represents a minority of the junior officers who comprise the Corps. I will continue to encourage and assist future JOAG leadership and members to find new ways to get out the word with the hopes that the majority of junior officers will eventually participate in one way or another.

Another aspect of JOAG's success this year has been the executive committee's effort to further empower the Committee/Workgroup leadership and most of all you - the general membership who are the backbone of this organization. In doing so, it has been our desire to support every junior officer's opportunity to develop their own brand of leadership within the various JOAG functions and activities. To meet this objective, the executive committee mutually agreed to reorganize our meeting structure to provide the voting members an opportunity every other month to come together to share ideas and promote synergy among the various committees/workgroups. During the general membership meetings we chose to have fewer guest speakers (although the ones we have had have proven very popular and informative) in the hopes of building communication between the JOAG leadership and the general membership by sharing information important to the membership. Through these efforts, it was the intention of your executive committee to enhance junior officer leadership and professional development within the organization.

For some of you, the organizational restructuring of our meetings from monthly to every other month may have been perceived as a void in information. This was compounded by difficulties in getting timely and relevant information (WIPT's and WPDG's), coupled with our desire to include your feedback as part of Transformation. To improve on our communication activities the JOAG leadership continues to explore new ways to keep you up to date with current information. For example, our meeting with RADM Williams and CDR Eckert this past August was recorded with the hopes of adding audio files to our website for all future meetings. I would personally welcome any other ideas to make better use of available technology and further improve upon the delivery of information, particularly for those of you unable to attend teleconference calls. Additionally, we will continue to make the bi-monthly meeting minutes from the planning sessions available as well.

In addition to JOAG's function as an advisory group to the Surgeon General, this year's membership has fostered other activities to both recognize the value of our senior leadership and promote esprit de corps amongst the ranks of the entire Corps.

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INSIDE THIS ISSUE:

Page 2:

 Message from our Chair (continued)

Page 3:

 BASPAG Wants You!

Page 4:

- Global Health Summit II
- Uniform Corner

Page 5:

Aide-de-Camp
 101

Page 6:

· Quarantine Officer

Page 7:

· Summer Photos

Page 8:

FMCD Program

Page 9:

JOAG Awardees

Page 10:

First Impressions

Page 11:

 Category Day Summaries

Page 12:

 Make Tucson Great

Page 13:

 Welcome New Officers

Our Mission

Our mission is to provide advice and consultation to the Surgeon General, Chief Professional Officers, Professional Advisory Committees, and other Commissioned Corps groups on issues relating to professional practice and personnel activities affecting Junior Officers in the USPHS Commissioned Corps.

(continued on page 2)

IOAG Page 2

Message from our Chair (continued)

Most notably was the development and approval of the VADM Richard Carmona Inspirational Leader Award, along with the newly created Core Value Coin.

In answering our Surgeon General's call to display the core values, this year's JOAG designed (and are currently distributing) a unique coin for which 100% of the revenues will be given to COF for professional officer development and to infuse the junior officer scholarship fund. This scholarship fund by COA/COF provided nearly \$30,000 this past year to aid junior officer participation at the COA conference in Cincinnati. I am also pleased to announce that the proceeds from the hurricane coin for Katrina, Rita, and Wilma (nearly \$10,000) were also given to COA/COF to further strengthen the junior officer scholarship fund. On behalf of all of JOAG I want to personally thank COA/COF for their continued support of junior and senior officers alike.

Perhaps two of the most important accomplishments of this year's JOAG were the development of standard operating procedures (SOPs) for the various committees and workgroups, and the creation of a strategic plan. This has been an arduous process and, while not the most glamorous activity, it will certainly pay dividends in the years to come. The development of relevant procedures to provide accountability and transparency to the inevitable leadership changes with voting membership will improve the transition process and internal structure of the various Committees and Workgroups. The second (and perhaps most significant) accomplishment for this year's JOAG was the development of a five year strategic plan (2007-2012), meant to be a living document and act as a guide for the ongoing sustainability and development of the JOAG. This document will be made available on the JOAG website in the very near future and I encourage any of you who may have additional input to share them with the JOAG leadership for future consideration and inclusion. As JOAG recently celebrated its five year anniversary, the current leadership has recognized that any successful organization can only remain so if it is looking forward and anticipates the need of its organization and membership.

I realize I am unable to give appropriate thanks and recognition to those of you who have worked so hard on the various Committees and Workgroups. It goes without saying that any success garnered upon this year's JOAG is the result of your enthusiasm, commitment and interest in JOAG. Every Committee and Workgroup has consistently risen to the occasion to develop and institute value added activities and outcomes which strengthen JOAG's foundation. Perhaps the most challenging aspect of being your Chair has been in trying to facilitate all the great ideas you have brought to the executive committee, our planning meetings, and through emails and phone calls. If I have learned nothing else, and could offer only one bit of advice to future JOAG leadership, it would be to let the elected leaders lead. By empowering the general membership, you will do what you do best-perform!

In the limited space I have been given, I want to publicly recognize this year's JOAG leadership and membership for all that has been accomplished this year. I will continue to find ways to personally thank all of you who have been actively involved in JOAG this year but would like to additionally recognize this year's executive committee for willingness to make themselves available to me on a daily basis. These officers include: CDR Ernie Sullivent, Vice-Chair; LCDR Jennifer Freed, Secretary; LCDR Jonathan Rash, Interim-Secretary; and LCDR Aimee Treffiletti, Chair-elect. After working with these officers this year I am confident that anyone of them could have performed in the role of Chair admirably and perhaps more effectively than I could ever imagine to do. Their willingness to actively participate by providing fresh ideas, most often behind the scenes, is further indication of their selfless service and dedication to JOAG. What has been most valuable to me is the mutual respect and support each of these officers have demonstrated in bringing their own ideas, insights and leadership to our executive committee meetings on a regular basis.

During this year I have realized new friendships with these officers and many of you that I anticipate will be last throughout our PHS careers. If for no other reason this is why I encourage those of you who read this and have been thinking about getting more involved within JOAG to do so. While the accolades you may receive during your tenure with JOAG may come and go, it is the relationships you will undoubtedly cultivate throughout your PHS career that will last a lifetime.

I would be remiss if I didn't take the time to acknowledge another significant force behind JOAG. This officer has played a significant role in providing JOAG the opportunity to be represented in the various transformation activities and has been a personal mentor, confidant, and guiding force-CAPT Dean Coppola. On behalf of JOAG thank you for serving as our senior advisor.

As I prepare to hand the reins to your next Chair-LCDR Treffiletti - I am satisfied in knowing that JOAG is in an even better position to serve you in the future. As I observed some of your ideas come to fruition this year, I know JOAG will only continue to grow and flourish. Most of all, I am personally satisfied in knowing the quality of officers that are involved in JOAG and the newly formed friendships I have made throughout this year. With this in mind I can feel equally satisfied in knowing this has been a successful year for me, serving as your Chair. Thanks again for the opportunity to serve you, but most of all thank you for your active involvement in an organization that can prepare you to further your own potential as future leaders of the Corps.

Respectfully,

Your outgoing Chair, LCDR Thomas Pryor



Page 3 JOAG

BASPAG Wants You!

Contributed by LT Amy Constantine, FDA

Albert Einstein once said: "The process of scientific discovery is, in effect, a continual flight from wonder."

In this vein, let us look to the progress of our scientific futures and what the Basic and Applied Science Professional Advisory Group (BASPAG), a Health Services Officer Category of the U.S. Public Health Service, has to offer.

The BASPAG is made up of diverse scientific disciplines that include epidemiology, health, physical, biological and mathematical sciences. License or certification is not required for membership in the BASPAG.

The mission of the BASPAG states: The Basic and Applied Science Advisory Group (BASPAG) of the Health Services Professional Advisory Committee (HS PAC) shall provide advice and consultation to the Surgeon General through the HS PAC and Chief Health Service Officer on issues relating to the professional practice and personnel activities of Commissioned Health Services Officers working in Basic and Applied Science (BAS) Disciplines.

To support this mission, the BASPAG strives to do the following:

- Assist USPHS and to assist in meeting personnel needs through activities such as recruitment, retention, training, utilization, and proper recognition of BAS Officers;
- Develop position papers, statistical reports and/or guidelines where appropriate, in order to advise and comment on both personnel and professional development issues involving the Basic and Applied Science disciplines;
- Promote continuing education and acquisition of advanced degrees in order to broaden opportunities and readiness for employment in all PHS Operating Divisions and other health related programs (e.g. other federal/state agencies and international organizations);
- Review and provide recommendations concerning proposed or needed changes to appointment standards and billet descriptions in order to broaden the opportunities for BAS Officers;
- Assist in the development of orientation materials for newly-commissioned BAS Officers and provide advice/recommendations concerning orientation programs;
- Encourage individual membership and involvement with professional organizations and societies, and provide a vehicle for networking; and
- Promote cooperation and communication among and between other public health professional disciplines.

Currently the BASPAG has approximately 40 members, 14 of which are voting members. Existing subcommittees include Membership, Deployment and Readiness and Professional Development and Networking.

The group is working on projects that will increase the visibility of BASPAG including: establishing a leadership role for future scientific presentations at the Commissioned Officers Association (COA) conference; the development of a BASPAG coin and a BASPAG Career Development Matrix; and the construction of BASPAG billet templates which were requested by the HS-PAC. BASPAG has conducted an outreach mission to 120 officers regarding its activities.

Isaac Newton stated: "If I have seen farther than others, it is because I was standing on the shoulders of giants."

If you're interested in joining a group of helpful, industrious officers with groundbreaking ideas, visionary and innovative enthusiasm for the direction they want their PAG to go in, coupled with a science-focused insight, we invite you to look over the BASPAG website at http://usphs-hso.org/pags/baspag/baspag_main.shtml. You can find additional details on the website including how to subscribe to the BASPAG listserv, and who to contact regarding application procedures.

Here's looking forward to hearing from you at the next teleconference meeting, usually held the third Wednesday of each month. See you then!

Join in for JOAG's General Membership meetings via teleconference or in person. Our meeting is the 2nd Friday of every other month from 1300 to 1500 EST. Call in information:

Phone: 888-322-1791

Password: 83301

Surgeon General's Conference Room (18-57) Parklawn Building, 5600 Fisher's Lane, Rockville, MD IOAG Page 4

Global Health Summit II

Contributed by LCDR Varsha Savalia. FDA

On Sunday, June 3, 2007, the PHS Commissioned Officers Foundation and the Commissioned Officers Association of the USPHS sponsored the Global Health Summit II (GHS II) at the Duke Energy Convention center and Millennium Hotel. The purposes of the Global Health Summit II were to explore the role of diplomacy in global health enhancement and to examine the history and some prime examples of "health diplomacy" as practiced by health professional and non-health professionals. The outcomes of the GHS II include: highlights of the intersection of health and diplomacy historically, currently, and potentially in the future; examination of strategies to increase the capacity of health professionals, academia, the media, opinion makers and parliamentarians to serve as agents of health diplomacy; and enhanced strategies to increase the capacity of public health professionals to serve as a "Bridge for Peace and Security".

The opening session began with RADM Mary Pat Couig (Ret.), PHS Commissioned Officers Foundation President and Chair of the GH II, introducing of honorary chairperson. Honorary guests included: Dr. Carissa F. Etienne, Assistance Director of Pan American Health Organization; Dr. Stephen B. Corbin, Dean of Special Olympics University and Senior Vice President for Constituent Services and Support of Special Olympics International; and RADM Graeme S. Shirtley, Surgeon General of the Australian Defense Force. RADM Jerrold M. Michael (Ret.) delivered "Health Diplomacy, a Historical Perspective." RADM Thomas Novotny (Ret.) spoke on future challenges and opportunities in Global Health Diplomacy. RADM Novotny moderated a panel on global view with panelists: RADM Shirtley, RADM Novotny, and Dr. Rus Munandar, Director of Zainoel Abidin General Hospital in Banda Aceh in Indonesia.

The luncheon speaker, Dr. Richard Carmona, the 17th Surgeon General of the U.S. Public Health Service, presented "An Opportunity to Shape a Corps of Federal Health Professionals to Serve in the Fields of Health Diplomacy". The afternoon session included two panel sessions: Sector Contributions to Health Diplomacy with Mr. Jeff Miotke, Deputy Assistance Secretary of State for Science, Space and Health of the US Department of State, Dr. Bruce Dan, Adjunct Professor and Clinical Associate Professor at the School of Public Health & Health Sciences at the University of Massachusetts, Dr. Boo H. Kwa, Professor and Chairperson of the Department of Global Health at the University of South Florida, and Mr. Maurice Middleberg, Vice President for Public Policy of their Global Health Council; and, Working Together for Health Diplomacy with Andrea Gay, Director of Children's Health of United Nations Foundations, COL Sean Murphy, USAF, MC, Command Surgeon of United States Couther Command, Dr. Paul Rockey, Director of the American Medical Association, and Dr. Roland Oritsejafor, USA-Nigerian HIV/AIDS Cooperative Program.

The closing keynote address, "Health Diplomacy in Our Future," was delivered by guest speakers Mr. Gareth Howell, president and Chief Executive Officer of the Global Center of Greater Cincinnati, and Mr. James M. Anderson, President and Chief Executive Officer of Cincinnati Children's Hospital Medical Center.

Individuals who attended the Global Health Summit II may count the attendance as part of three graduate academic credits in public health through the University of South Florida.



Proper orientation of the USPHS Unit Patch

Uniform Corner: Have you checked your USPHS Unit Patch lately?

- 1. The USPHS unit identification patch is a subdued, embroidered patch with an olive drab background that is approved for wear on the Woodland Camouflage Battle Dress Uniform utility coat and field jacket (the patch is not approved for wear on the Extreme Cold Weather Clothing System parka).
- 2. The USPHS unit patch is placed on the wearer's left sleeve, centered horizontally ½ inch below the shoulder seam, positioned with the "1798" date at the bottom to allow the Caduceus and Anchor to form the shape of an "X".
- 3. The patch shall be sewn with a straight machine stitch using a thread that matches the background material or edge. Cross-stitches, whip-stitches, and other stitches are not authorized.

PHS uniform regulations can be found at: http://dcp.psc.gov/eccis/CCISToc.aspx?ShowTOC=N

^{**}Please send any ideas for future "Uniform Corner" columns to LTJG Leslie Cartmill at leslie.cartmill@fda.hhs.gov**

Page 5 JOAG

COA/COF Symposium Aide-de-Camp 101

Contributed by LT Jerry Zee, IHS

As a junior officer, attending the COA/COF Annual Symposium is a treat, and being an aide-de-camp at the meeting is an experience in and of itself. While it definitely it is not for the feint of hearts, as I discovered recently, the experience is truly invaluable.

Now, what is an aide-de-camp? The official definition is a uniformed junior officer acting as secretary and confidential assistant to an officer of flag rank (a.k.a. Principle). The usual selection process begins one to two weeks prior to the annual meeting, when an email is posted on the PAC listservs seeking aide-de-camps for the conference. Once you reply back stating your interest, the aide-de-camp coordinator from the Office of Surgeon General's office will email you a powerpoint presentation that provides a general overview of the position. It is essential that you read and understand it completely. In addition, you will need a simple and straightforward biography write-up of your principle in case you need to introduce him or her as a speaker at the symposium. Fortunately, you can find the necessary information online when writing it up. Always run this information through an appropriate source to verify that it is up to date and accurate.

At the conference, coordinating your principle's daily meeting schedule and finding out the locations of where the sessions take place will require scouting and impeccable organizational skills. You will be expected to act as a shadow of that flag officer, and whichever sessions your principle attends are the sessions you will attend as well. It is essential to keep your schedule flexible in case of any last minute changes which may happen periodically, and always remember that your principle's schedule takes precedence above all other schedules.

In terms of uniform wear, the basic tenet is to wear whatever your principle wears, which in most situations will be the Service Dress Blue (SDB). However, it doesn't hurt to communicate with your flag officer and double check. Some principles will bring an aiguillette to the meeting for you to wear. There is a standardized protocol in how to wear it on your SDB and you may seek the aide-de-camp coordinator's assistance in putting it on.

The responsibilities that go along with this position can be both mentally and physically challenging. So, there are certain considerations such as time, energy, and health every junior officer needs to assess prior to volunteering to serve as an aide-de-camp. However, the experience can be very rewarding, and I hope all the junior officers consider serving in this capacity at some point in their careers. For those junior officers who are OFRD basic ready, this can truly be an opportunity to rise to the challenge and shine!

JOAG
congratulates
all officers
promoted in
the 2007
cycle! Best of
luck to those
up for
promotion in
2008!

JOAG Goals and Objectives for the 2006-07 Operational Year

- Strengthen the voice of and impact of JOAG while increasing general membership participation and list serve membership by 25%
- Continue to provide advice and consultation to Corps leadership
- Promote opportunities to enhance junior officer professional development
- Facilitate JOAG mentorship activities through various committees and workgroups
- Facilitate relation-building and collaborative activities with the PACs and other advisory
 groups to meet the needs of general members
- Provide relevant, current and timely information while soliciting junior officer input on important Corps issues
- Recognize junior officer excellence
- Support an organizational environment in which junior officer leaders can develop their particular brand of leadership

The new JOAG year is about to start on October 1st! Take the opportunity to get involved. More information can be found at www.ioag.org

JOAG Page 6

Small number of US quarantine officers work on the front lines against disease

Submitted by LCDR Rendi Bacon, CDC

*article originally published by The Associated Press 7/15/2007

Full article with video available at www.pr-inside.com/small-number-of-us-quarantine-officers-r172476.htm

A day's work for LCDR Rendi Murphree Bacon can mean encounters with refugees from countries where the crippling polio virus has resurfaced, or a traveler with a human skull souvenir. The 40-year-old biologist with the U.S. Public Health Service is a quarantine officer for the Centers for Disease Control and Prevention at O'Hare International Airport, one of the busiest hubs in the world. Her duties include investigating reports of illness on international flights, checking the health of arriving refugees, inspecting animal products and screening cargo. She can seize articles that lack proper permits.

Once, there were hundreds of officers like her working on the front lines to prevent potential health threats from entering the United States. Now there are fewer than 100 a number the CDC has been rebuilding since the Sept. 11, 2001, terror attacks and the 2003 SARS outbreak. The recent international scare involving Andrew Speaker, the U.S. lawyer with drug-resistant tuberculosis who traveled through several countries before going into isolation, has focused fresh attention on health threats on airlines. The quarantine order in Speaker's case was the first issued by the U.S. government since a patient with smallpox was isolated in 1963, according to the CDC. CDC quarantine officers have the legal authority to detain anyone who may have cholera, diphtheria, infectious tuberculosis, plaque, smallpox, yellow fever, viral hemorrhagic fevers, SARS or pandemic flu. In an emerging influenza pandemic, Bacon could force the hospital isolation of ill passengers and guarantine even healthy passengers. "In my lifetime I may never see that, which is fine with me," Bacon said. The officers do not provide medical care themselves, leaving that to local emergency personnel. On one recent day, Bacon greeted 35 refugees arriving from Kenya, where polio recently surfaced among Somali refugees. "How are you feeling?" Bacon asked the crowd, with help from a Kenyan woman who spoke English. "Any sickness in your group? Welcome." This group was healthy.

Every year, about 120 million people enter and leave the United States through 474 airports, seaports and land border crossings, according to the private Institute of Medicine. With triumphs in public health such as the eradication of smallpox, the U.S. guarantine system shrank from 600 employees in 1953 to 70 employees in 2004. It now has 83 workers and an \$11 million (¤7.9 million) budget. Last year, Bacon's office handled 311 reports of illness on international flights. It also helped with 14 investigations that involved tracking down passengers who sat near people whose illnesses arose after their flights. The staff monitored 7,356 refugees and cleared paperwork on 10,125 dogs, 1,767 cats, 4,520 rodents and one turtle. "There's an art in what they do," said Dr. Georges Benjamin, executive director of the American Public Health Association. "This is detective work at the highest level." The international effort to track SARS cases turned a spotlight on the system's inadequacies, including underfunding and a lack of medically trained officers, said Benjamin, who led a 2005 Institute of Medicine study on the issue. Significant progress has been made since then, Benjamin said. But no matter how much money is allocated to the quarantine system, he said, the speed of air travel outpaces the incubation period of many diseases _ meaning a contagious person can cause an outbreak without so much as a warning sniffle aboard a plane.

In her leisure hours, Bacon is reading *The Great Influenza* the account of the 1918 flu pandemic that killed 50 million to 100 million people worldwide.

"We've allowed ourselves to be vulnerable to a repeat of the 1918 influenza because we take our good health for granted," she said. She is never bored. Recently, she fielded a question from another airport about a man who wanted to enter the country with his own amputated leg bone. She learned that the leg was amputated 17 years ago in a hospital because of an injury. She reasoned that any hospital would have incinerated the limb if the man had an infectious disease. And time made a difference, "Those germs would have been long dead with 17 years of drying. So we allowed him to bring his bone in," she said. "I tell you, there's stuff like that all the time."

On the Net

CDC Quarantine: www.cdc.gov/ncidod/dq

Help to ensure the future of the Commissioned Corps
Apply to become an Associate Recruiter today!
Information available at http://dcp.psc.gov/ARP

Materials.asp

Page 7 JOAG

Summer 2007 Photo Gallery



LT Jaranilla, CDR Vanderhoof, LT Heytens, LTJG Hussey at the COA/COF Symposium



LT Rice, LT Fontenelle, LCDR Lee-Bishop, LT Bryan, LCDR Clarke, LT Jones at the COA/COF Symposium



COA/COF Aide-de-Camps with Acting Surgeon General RADM Kenneth Moritsugu and Chief of Staff RADM Williams



LT Rice were among the many junior officers looking their best at the Symposium



In keeping with military tradition, LCDR Kelly Valente included a sword ceremony in her wedding day. Pictured front L to R: ENS David Ellner, IR, LCDR Kelly Valente, Brian MacFarland, LCDR Violette Ganoe; Back L to R: CDR Helga Baca, CPT Lisa Lee, USAF. Newport Officers Club, Newport, RI, July 7th, 2007

JOAG Page 8

"Freedom Means Correct Decisions" (FMCD) Program

Contributed by LCDR Robyn Coons and LCDR Tim Pappalardo

The Medical Social Work Department of Federal Medical Center Devens, a Federal Bureau of Prisons Hospital, has developed a program consisting of minimum security inmates who volunteer their time presenting panel presentations to various community audiences. This outreach effort allows the inmates to tell personal accounts of their crimes, their personal life histories, and their experiences in court and finally their experiences during prison. In addition to their own experiences, the inmates emphasize how their decisions to engage in criminal activities have affected their families as well. The inmates intend to convey to the audience what lessons they have learned by their criminal behavior and resulting incarceration in the hope that others will not make the same mistakes they did. The presentation is not meant to scare the audience in attempt to deter criminal behavior but it is simply a straight-forward, down-to-earth sharing of their lives, opportunities lost, and personal insight. Following the presentation, the audience has the opportunity to ask questions for whose answers the inmates may ultimately influence the audience participants to remain free from prison by making correct decisions in their personal lives.

It is our goal to speak with all interested local groups that could benefit from such presentations. These groups range from "at-risk" youths to students of community colleges, high schools, preparatory schools, and community centers for adolescents. It is our belief as program coordinators that the inmates' compelling and sobering stories offer a realistic degree of insight to the realities and consequences of irresponsible behavior, drug abuse, greed, poor self worth, and peer pressure. The presentation is an authentic example of the loss of one's freedom that is always the result of criminal behavior. The inmates attempt to balance this example with their own rehabilitative efforts in demonstrating the positive actions a person can take in dealing with the challenges of life. It is our hope that through sharing their experiences, these inmates may be able to inspire, enlighten, or convince others to choose a more pro-social lifestyle.

The FMCD presenters have been carefully screened and selected, and are considered model inmates by staff that interact with them on a daily basis. The inmates that participate in this program volunteer their time, they do not receive any form of compensation or time off of their sentence.

Beginning December 2004, FMCD Presenters started going out into the community to speak to a varying audience. Presentations have been given at the Parker Charter High School, several Boys and Girls Clubs, Ayer High School, Bryant College, Leicester High School, Quabbin Regional High School, Quinsigamond Community College, Anna Maria College, and Billerica High School. In October 2006, two presenters spoke to a audience of 300 sophomore boys at St. Johns High School during their "Making Correct Choices" day. To date, the "FMCD" program at Devens has presented to more than 1551 students.

For more information on this program, please contact us at:

LCDR Robyn Coons, LICSW, Social Worker 978-796-1493 rcoons@bop.gov

LCDR Tim Pappalardo, LICSW, Social Worker 978-796-1462 tpappalardo@bop.gov

Miss a Joag Meeting?

You're in Luck! JOAG meetings are now being recorded for posting on the JOAG website.

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Audio recordings should be available soon at <u>www.joag.org</u>

Be sure to check it out!

Page 9 JOAG

Recipients of 2006-2007 JOAG Awards

Contributed by LCDR Jonathan Rash, JOAG Awards Committee Chair

JOAG presented its three annual awards at the 2007 USPHS Scientific and Training Symposium in Cincinnati, OH. Descriptions of the awards and the recipients follow.

VADM Richard H. Carmona Inspiration Award

2007 was the inaugural year for the VADM Richard H. Carmona Inspiration Award, and JOAG was fortunate that Dr. Carmona himself was able to present the award. This award recognizes an active duty senior PHS officer for leadership by example, mentorship and empowerment of junior officers, unwavering support of the Commissioned Corps and its mission, and overall inspiration and motivation of the PHS Community. Only senior officers may be nominated for this award, and only junior officers may submit nominations.

The recipient of the inaugural Carmona Award is CDR Eric Payne, who works for the Federal Bureau of Prisons. CDR Payne currently serves as Director of Rehabilitation Services at the Federal Correctional Complex in Butner, North Carolina. He was nominated by LCDR Alicia Souvignier.

Pictured L to R: JOAG Chair LCDR Thomas Pryor, Carmona Award recipient CDR Eric Payne, and 17th Surgeon General of the United States. Dr. Richard H. Carmona



Junior Officer of the Year

The Junior Officer of the Year Award recognizes an active duty PHS junior officer who has made a significant contribution to the overall mission of the Public Health Service. This contribution is measured by measurable outcomes and impacts of the officer's service, demonstrated leadership within the officer's agency and within the Public Health Service, and innovative approach or unique contribution to the agency's or PHS's mission.

The recipient of the 2007 Junior Officer of the Year Award is LCDR Angela Shen. LCDR Shen is currently an international vaccine specialist with the National Vaccine Program Office (NVPO) in the Office of Public Health and Science. She was nominated by CAPT Astrid Szeto.

Pictured, LCDR Angela Shen, recipient of the 2007 Junior Officer of the Year Award



IOAG Page 10



Pictured L to R: RADM Kenneth Moritsugu, Acting Surgeon General of the Public Health Service, and LCDR Maleeka Glover, recipient of the 2007 JOAG Excellence Award

(continued from page 9)

JOAG Excellence Award

The JOAG Excellence Award recognizes an active, non-voting member of JOAG for demonstrating outstanding, dedicated effort, and commitment to JOAG through active committee participation. The criteria for this award include notable committee or workgroup achievements, commitment to the mission and goals of JOAG, and demonstrated leadership both within JOAG and within the Corps as a whole.

The recipient of the 2007 JOAG Excellence Award is LCDR Maleeka Glover. LCDR Maleeka Glover is an Epidemiologist and Senior Research Scientist at the National Center for Chronic Disease Prevention and Health Promotion, CDC in Atlanta, Georgia. She was recently elected Chair-Elect of JOAG for the 2007-2008 year.

Top 10 First Impressions of 2007 COF/COA Education and Training Symposium from a First Time Attendee

Contributed by LT Jerry Zee, IHS

- 10. The **food** is just way too good and **mouth savoring** to ignore from afar!
- Star-struck to find so *many celebrities* (a.k.a. RADMs) all in one spot chatting away! (Lights! Camera! Action!)
- 8. Didn't realize that there are tremendously *talented musicians and artists* amongst the Commissioned Corps until you see and hear the USPHS Ensemble!
- 7. Evidently, we've got officers that are "basic ready" for the 2008 Summer Olympics it seems from the 5K fun run/walk event!
- 6. **Commitment** from COs are so **deep** that you can't tell who are in the IRC (the only officers that are under the direct command of the Surgeon General) or regular/reserve corps.
- 5. It brings a sense of relief that there are more than just you in answering the question: "Are you Navy?" posed by some individuals.
- 4. **Camaraderie**: don't get funny looks or feel out of place when you mention of fond memories in partaking of a natural or man-made disaster relief effort.
- You know the educational programs are top notch when you realize there are ADM(s) sitting next to you and are taking notes studiously.
- 2. The enthusiasm and energy from some junior officers are so overwhelming that you know those folks are undoubtedly 100% *JOAG people*.
- 1. The thoughts that **ONLY** you got good looks by wearing those spiffy USPHS uniforms are shattered once you see so many fine men and women also wearing those uniforms!

Page 11 JOA(

COA/COF Symposium Category Day Summaries

EHO Category Day

Contributed by LT Carolyn Oyster

The Environmental Health Officer (EHO) Category Day session successfully addressed a wide range of technical and professional topics of interest to EHOs. The session was held as part of the 2007 USPHS Scientific and Training Symposium.

The session began with a welcoming address and opening remarks from our Chief Environmental Health Officer, CAPT Craig Shepherd. He addressed category-specific information, transformation issues, command updates and various USPHS-related topics.

Our first two sessions addressed the growing role the USPHS plays in international joint-force deployments. LCDR Theresa Gallgher and LTJG Charity Nelson spoke about their mission on the USNS Mercy. Complementing their session, we were privileged to have an international deployment expert, CAPT Kenneth Schor, USN MC, as a guest lecturer. He spoke on the future of joint force deployments and how the USPHS can fit a specific role in humanitarian response.

After the morning break, we heard from LCDR John McKernan on nanotechnology and public health issues many people were unaware of when considering this new technology source. LTJG Holly Sebastian then addressed tick-borne relapsing fever and a challenging situation she faced in identifying illness. The morning sessions ended with LCDR Aimee Treffiletti and LT Jaime Mutter briefing the audience on a new exposure dose calculator they developed for the CDC.

Our luncheon lecturer, CAPT Tom Crow (ret, USPHS) regaled us with an interesting and relevant dialog on his experiences working with the Virginia Public Health Department in a cleverly titled presentation called "Life after the Corps." Audience members found his presentation humorous, informative and helpful, regardless of their career stage.

Afternoon speakers continued to capture the breath and depth of the EHO category. LCDR Jeff Tarrant, a Health Services Officer, spoke on preventative medicine in international settings, focusing on food safety using case studies from Italy and Japan. LCDR Robert McCleery presented on silica exposure hazards in the roofing industry. LT Gino Beglutti provided a new sampling strategy for determining inhalation exposure during infectious cell sorting at NIH. CDR Kevin Hanley spoke on urinary bromide/breathing zone concentrations in workers exposed to foam spray adhesives. And, our final speaker, CDR Susan Muza, wrapped up the day in an exciting brief on her Health Monitoring Project at the Marpi Point Village Homestead, in Saipan.

HSO Category Day

Contributed by LT Amy Constantine

On June 5, 2007 Health Service Officers gathered for their Category Day held at the Millennium Hotel in Cincinnati, Ohio, as part of the annual USPHS Scientific and Training Symposium. Many information-packed and interesting talks were given by HSO officers with diverse backgrounds who performed in different careers at various agencies.

RADM Michael Milner, Chief Professional Officer, CAPT Daniel Kavanaugh, Category Day Representative and LCDR John Gusto, Assistant Category Day Representative were all in attendance to offer welcome and introductory remarks to get the HSO Category Day off to a good start.

CDR George Durgin gave an insightful presentation and offered handouts on Successful Award Writing. A second group of speakers which included Connie Hunt, Ph.D., DAC, Behavioral Health Consultant, Portland Area Office, Indian Health Service, CDR Michael Flood, Branch Chief, Social Work Service Sells Service Unit, Indian Health Service, LCDR Vincen Barnes, Mental Health Director of the Indian Health Service Fort Yates Service Unit, LCDR Betty Hastings, Emergency Medical Services for Children Coordinator, Indian Health Service, LCDR Don Schmidt, Bureau of Prisons, Social Work Step-Down Unit, Danbury Prison and LT Tarsha Wilson, Substance Abuse and Mental Health Services, Center for Mental Health Services, gave individual presentations regarding The PHS Emergency Mental Health Response to Suicide Clusters in Partnership with Indian Health Service.

CDR David Morrissette, Social Science Analyst, Substance Abuse and Mental Health Services Agency gave a talk on An Introduction to Trauma Informed Care which shed light on who trauma informed care was for and how officers could implement trauma-informed concepts and trauma-specific interventions into agency or program management in an effective manner.

RADM Michael Milner's talk focused on Professional Advisory Committee Chair Updates. This year's guest luncheon speaker was CAPT Marie Haring Sweeney, Chief, Surveillance Branch National Institute for Occupational Safety and Health who gave a talk entitled Health Diplomacy: Leadership in International Health which focused on the role of the USPHS in developing relationships through Health Attaches with other countries.

LCDR Elizabeth Osborne gave two insightful presentations. One was entitled Evolving Landscape of the Division of Immigration Health Services (DHHS); Establishing New Services in Support of Secure Border Initiatives. Her second talk focused on Establishing a Health Services Administrator Training Program.

CAPT Linda Brown discussed the Risk of Second Non-Hematological Cancer Among Breast Cancer Survivors and LCDR Jeff Tarrant gave a presentation on Practicing Preventive Medicine in International Settings: Overcoming Cultural & Legal Nuances. His talk focused on lessons learned while assigned as the Preventive Medicine Department Head at U.S. Naval Hospital in Okinawa, Japan and U.S. Naval Hospital in Naples, Italy from 1998 to 2003.

Breakout sessions also occurred for HSOs who were Dental Hygienists, Health Administrators, Physician Assistants, Psychologists and Social Workers.

Highlights of RADM Milner's State of the Category presentation included a breakdown of "Who We Are HSOs by Rank." As of May 15, 2007 the HSO rank counts were 81 LTJGs, 236 LTs, 250 LCDRs, 168 CDRs and 136 CAPTs. By subcategory there were 55% Clinical, 22% Administration and 23% Basic & Applied Sciences with the total being 872 officers. Over the past year 100 new HSOs came onboard. All stats listed here are as of May 15, 2007.

In terms of recruitment, RADM Milner said "Every officer is a recruiter." Two new PHS website addresses were discussed: www.usphs.gov and www.usphs.gov and www.usphs.hso.org.

Some of the PAC accomplishments mentioned were the fact the HSOs had a readiness status to 83%, an updated website, a resource directory (August), PYO8 benchmarks, PAC chair chats, and a 2007 Category Day Agenda.

(continued on page 12)

JOAG Page 12

(continued from page 11)

What's on the horizon? RADM Milner said the HSO PAC would increase Chief Professional Officer support, combine the Education Subcommittee and Career and Retention Subcommittee, update PAC charter to reflect new Transformation initiatives, work on PY09 Category benchmarks, aim for a readiness status to be within the top three of all the 11 PACs, review/comment on working integrated process team (WIPT) (OCCO and OCFAM lead groups which take policy recommendations and operationalize them within the USPHS) and continue to work with our policy design group (WPDGs) (this group designs policy to recommend to the ASH for approval) and strive for deployments for HSOs on the USNS Comfort.

The following awards were presented at the HSO Category Day Awards Luncheon event by our CPO RADM Milner and the Acting Surgeon General RADM Moritsugu: The Stanley J. Kissel, Jr. Award: CAPT Linda Morris Brown, The Joseph Garcia, Jr. Award: LCDR Markley, and HSO Responder of the Year: LCDR Jeff Coady.

Overall the HSO Category day was not only an opportunity to gain CEU credits at our yearly COA conference, but a chance to hear about some really interesting work experiences and life lessons learned in the daily career lives of our HSO officers.

The breadth of presentations exhibited on varying topics was truly a testament to the HSO motto "Strength through diversity."

Physician Category Day

Contributed by LCDR Erica Schwartz

The 2007 USPHS Scientific and Training Symposium – Physician Category Day was held on Tuesday, June 5th. It was a day filled with excitement and camaraderie. Over 70 physicians from various agencies were in attendance. The day was divided into 5 fascinating sessions - (1) Updates on Cancer, Pulmonary Medicine & Vaccines, (2) Obesity and Diabetes Updates (3) Medical Category Update, (4) Mental Health & HIV/AIDS, and (5) Emerging Infection and Influenza Updates.

CAPT Libutti began the day with an engaging brief entitled "Therapeutic Paradigms for Cancer". His brief focused on the use of tumor necrosis factor and its potent anti-tumor effect. He also discussed targeted nanoparticles which may enable scientist to selectively deliver agents to the tumors which would reduce toxicity and maximize therapeutic efficacy. CAPT Rieves delivered a timely presentation on "Updates in Pulmonary Medicine". His presentation focused on various evidence based studies regarding tobacco use, lung cancer, chronic obstructive pulmonary disease therapy, and asthma therapy. One of the messages he emphasized was that secondhand smoking was dangerous at all levels. CAPT Chapman discussed "Developments in Immunizations." She described some changes for children's and adolescents' immunizations such as the addition of: (1) rotavirus vaccine for all infants, (2) the HPV vaccine for all females 11-12 years of age, (3) a second routine dose of varicella and (4) routine influenza vaccination of children extended through 59 months of age. CAPT Harlan and RADM Van Hubbard concluded the morning sessions by discussing type 1 diabetes and the obesity epidemic, respectively.

During the lunchtime session, CAPT Rutstein, the Chief Professional Officer gave a Medical Category Update. CAPT Andreason, the Team Leader for the Mental Health Response Team #3 updated the group on mental illness concerns in the medical community. The afternoon concluded with timely infectious disease updates from CDR JoAnn Mican on HIV/AIDs, RADM Kendig on Emerging Infections, and LCDR Schwartz on Pandemic Influenza.

All in all, the Physician Category Day was a rousing success.

Make Tucson Great in 2008... Participate!

Contributed by CDR Mariann Kocsis, IHS

I've just returned from the 2007 USPHS Professional Conference in Cincinnati. I am, once again, energized by the Esprit de Corps and camaraderie that I encounter each year while attending this conference.

Participation was down this year. It is my understanding that the Operational Divisions (OPDIVs) reduced the number of officers they were allowed to sponsor. I have several thoughts on this. First – it is too bad that we are not given total support for such an important event. Secondly, SO WHAT??? Many of us who attended this year's conference did so on our own dime. It is a worthwhile investment in your career and can even afford you opportunities that you would never have known about had you not attended. For example, this year, all of the pharmacists had the opportunity to train in smallpox vaccine administration, training that is rarely offered to officers in the field. I know that many of my colleagues have obtained job leads at the COA/COF Professional Conference. Many people also receive excellent career advancing opportunities through the JOAG, the PACs, or numerous other groups from networking at the conference. The conference is also a great opportunity to meet the chief professional officers and other officers in your career field and division.

I often refer to the Commissioned Officer's Code of Conduct, developed by the JOAG, for guidance. The reference states that as a Commissioned Officer and a leader, "I constantly maintain and improve my state of professional capability and physical readiness to set the example as a public health officer." It also states that "I follow the right path, not the easy path, regardless of personal hardship or discomfort..." Attending this yearly conference, regardless of personal financial cost is one thing you can do to make yourself a better officer.

There are ways that an officer can defray costs. This year, the COF paid the registration fees for over 100 junior officers (O-4 and below.) You can share a room... either with a friend, or an unknown officer – make a new friend ... I did last year and it was great and really cut down my out of pocket expenses. If you live near Tucson, find some colleagues and carpool. Or plan early to find good airfare.

So I challenge everyone to set aside money from each paycheck from now until next June, when we will once again convene for the 2008 COA/COF USPHS Professional Conference in Tuscon, Arizona. Request annual leave early. If your OPDIV decides not to pay your way, say "SO WHAT? I'm going anyway". I guarantee that you will leave the conference a better person and a better officer.

(The author of this article is not affiliated with the Tuscon COA branch, and does not receive kickbacks from registration.)

Page 13 JOAG

JOAG Welcomes the Corps' Newly Commissioned Officers!!!

From ATSDR:

Jackson, Amy

From BOP:

Antoniou, Jon Cajigas, Daniel Cooper, Tonya Crawford, Todd Figlenski, Jessica Hairston, Sidney Julian-Conley, Zahra Mahool, Margaret Nunez, Freddy Patterson, Nellis Potter, Andrew Ritter, Cari Smith, Sylvester Thomason, Tammy Vasquez, Willie Whitehurst, Daniel

From CDC:

Aburto, Nancy Adjemian, Jennifer Anderson, Stacev Basavaraju, Sridhar Boore, Amy Byrd, Kathy Calanan, Renee Cantey, Paul Chen, Sanny Davis, Shane Dee, Deborah Desai, Mitesh Dharan, Nila Dorell, Christina Dowell, Deborah Halpin, John Hanson, Matthew Hicks, Lauri Howard, Christopher Hwang, Jimee Llata, Eloisa Magill, Shelley McNeil, Adam Melstron, Paul Mody, Rajal Murphy, Matthew Nett, Randall Nguyen, Michael

Oster, Alexandra

From CDC (cont'd):

Piercefield, Emily Plummer, Andrew Polakowski, Laura Rosen, Jennifer Russo, Elizabeth Schillie, Sarah Sever, Adrianne Shah, Neha Sircar, Kanta Sugerman, David Tepper, Naomi Toblin, Robin Tongren, Jon Trivedi. Kavita Wei, Stanley Wu, Henry Yates, Johnnie

From DHS:

Janda, Trenton

From CMS:

Burrell-Abraham, Karen Cunningham, Andrea

From FDA:

Bailey, Daveta Brounstein, Daniel Colon-Torres, Hector Conforti, Kent Fournier, William Hull, Kimberly Hunter, Chyla Khan, Ibad Lahey, Nicholas Laymon, Brittany Newsad, Bradley Nguyen, Phung Szydlo, Roberta Tung, Lisa Verni, Frank Vesely, Nichole Whited, Bryce Williams, Lakisha Wong, Emily

From HRSA:

Bailey, Techeka Bryant, Tina Dutton, Samuel

From HRSA (cont'd):

Gunter, Matthew Huddleston, Charles Jackson, Violet Jones, Sherri Melson, Rudy Mohon, Jenny Nagaria, Sejal Nussbaum, Jennifer Smith, Darin

From IHS:

Andrews, Kimberly Annelli, Mary Bailey, Misti Bashir, Amina Berkey, Sean Bitsuie, Zachariah Blankenship, Lacey Blasy, Michael Braaten, Lori Brady, Dawn Buff, Ryan Burley, Jessica Cala, Erik Camponovo, Sarah Cassett. Claudia Chiang, Jonathan Christianson, Kurt Cornwell, Tonya Covrett, Casey Cunningham, Patrick Daab, Matthew Downing, Mark Draftz, Susan Eimers, Christa Factor, Kelly Fergel, Brenda Freeman, Sarah Fretland, Kailee Garay, Janet Greer, Laura Grover, Thane Gueck, Benjamin Hammelman, Lavonne Harman, Erin Hazelton, Zachary Heger, Jacqueline Howard, Cameron Hunter, Brian Irwin, Crystal

From IHS (cont'd):

Jennings, Jasmine Landers, Joseph Lannoye, Tyler Laverdure, Brenda Lovejoy, Linda Mann, Jarrod McCallum, Ryan McCoy, Jeffrey McDermott, Kevin Mergenthaler, Matthew Miller, Rebecca Morrison, Clint Murphy, Jae Murray, Carl Nakagawa, Lisa Nelson, Jessica Pearman, Zachary Peters, Breanne Pumares, Carolyn Quinn-Matute, Andrea Rabe, Stephen Rahman, Mohammad Ragar, Brent Raile. Mardell Robeson, Rebecca Sawatzky, Corey Schart, Amanda Sherer, Bradley Thompson, Rebecca Trenda, Deanne Trottier, Ronald Troutt, Angela Tsosie, Gretchen Turner, Kyle Tveit, Adrienne Underwood, Jamen Walker, Lindsay Washington, Christopher Webb, James Webster, Ashley White, Traveis Wilkerson, Thaddus Williams, Valerie Wong, Jennie

From NIH:

Chertow, Daniel Coriz, Christina Cozzarelli, Tara Linkenhoker, Jan

From NIH (cont'd):

McCarthy-Keith, Desiree Pattaratornkosoh, Tina Worthy, Tat'yana

From OS:

Dell, Bruce Holland, Erika Meed, Jessica Workman, Latrise

From SAMHSA:

Johnson, Brandon Richards, Monique Williams, Christina

From USDA:

Atoigue, Annette



Any questions regarding articles or to submit articles for future publishings, please contact:

LCDR Stacey Smith
(978) 796-1455
dev8610@bop.gov